

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

State of Oregon, County of Klamath

Recorded 12/29/04 12:12 P m

Vol M04 Pg 89107 - 11

Linda Smith, County Clerk

Fee \$ 41.00 # of Pgs 5

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Northwest Farm Credit Services, PCA
300 Klamath Avenue, Suite 200
PO Box 148
Klamath Falls, OR 97601

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

DeJong Family Dairy, Inc.

OR 1b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS

6735 Bunn Road

CITY

Bonanza

STATE

OR

POSTAL CODE

97623

COUNTRY

USA

1d. TAX ID #: SSN OR EIN

ADD'L INFO RE

ORGANIZATION

DEBTOR

1e. TYPE OF ORGANIZATION

Corporation

1f. JURISDICTION OF ORGANIZATION

OR

1g. ORGANIZATIONAL ID #, if any

OR202016-95

☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

Langell Valley Dairy

OR 2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

6735 Bunn Rd

CITY

Bonanza

STATE

OR

POSTAL CODE

97623

COUNTRY

USA

2d. TAX ID #: SSN OR EIN

ADD'L INFO RE

ORGANIZATION

DEBTOR

2e. TYPE OF ORGANIZATION

Partnership

2f. JURISDICTION OF ORGANIZATION

OR

2g. ORGANIZATIONAL ID #, if any

OR319979-84

☐ NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

Northwest Farm Credit Services, PCA

OR 3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

PO Box 148

CITY

Klamath Falls

STATE

OR

POSTAL CODE

97601

COUNTRY

USA

4. This FINANCING STATEMENT covers the following collateral:

All now owned or hereafter acquired collateral described herein, including, without limitation the types or items of collateral described herein and inventory, accounts, general intangibles, and products and proceeds of collateral, and including:

All irrigation equipment, which are or will become fixtures, now owned and located on property owned by debtor, described on attached Schedule A.

THIS FILING IS A FIXTURE FILING TO BE FILED FOR RECORD IN THE REAL ESTATE RECORDS.

Ag products are produced/located in Klamath county(ies).

5. ALTERNATIVE DESIGNATION (if applicable)		LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS	Attach Addendum (if applicable)	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional)		All Debtors		Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA							

UCC FINANCING STATEMENT ADDENDUM

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9. NAME OF FIRST DEBTOR (1A OR 1B) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME DeJong Family Dairy, Inc.		
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME				
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
DeJong	William			
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
6735 Bunn Rd		Bonanza	OR	97623
				COUNTRY
				USA
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	
			11g. ORGANIZATIONAL ID #, if any	
			<input type="checkbox"/> NONE	

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - Insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY
				USA

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as extractedcollateral, or is filed as a ☒ fixture filing**14. Description of real estate:****See attached Schedule A.****15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):****16. Additional collateral description:****17. Check only if applicable and check only one box.**Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate**18. Check only if applicable and check only one box.**☐ Debtor is a TRANSMITTING UTILITY☐ Filed in connection with a Manufactured-Home Transaction - effective 30 years☐ Filed in connection with a Public-Finance Transaction - effective 30 years

UCC FINANCING STATEMENT ADDENDUM

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11a. ORGANIZATION'S NAME				
OR 11b. INDIVIDUAL'S LAST NAME DeJong	FIRST NAME Sandra	MIDDLE NAME F.	SUFFIX	
11c. MAILING ADDRESS 6735 Bunn Rd		CITY Bonanza	STATE OR	POSTAL CODE 97623
11d. TAX ID #: SSN OR EIN		11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
ADD'L INFO RE ORGANIZATION DEBTOR		<input type="checkbox"/> NONE		

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - Insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY USA

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OR 9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

10. MISCELLANEOUS

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

DeJong Living Trust

OR 11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

6735 Bunn Road

CITY

Bonanza

STATE

OR

POSTAL CODE

97623

COUNTRY

USA

11d. TAX ID #: SSN OR EIN

ADD'L INFO RE

ORGANIZATION

11e. TYPE OF ORGANIZATION

DEBTOR

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID #, if any

☐ NONE**12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - Insert only one name (12a or 12b)**

12a. ORGANIZATION'S NAME

OR 12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

12c. MAILING ADDRESS

CITY

STATE

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USA

13. This FINANCING STATEMENT covers ☐ Number to be put or ☐ as extractedcollateral, or is filed as a ☐ fixture filing

14. Description of real estate:

15. Additional collateral description:

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LOCATION OF FIXTURES:**PARCEL 1**

The N1/2 of the NW1/4 of the NE1/4, N1/2 of the S1/2 of the NW1/4 of the NE1/4, and the N1/2 of the S1/2 of the S1/2 of the NW1/4 of the NE1/4 of Section 28, Township 39 South, Range 12 East of the Willamette Meridian, Klamath County, Oregon, EXCEPTING THEREFROM that portion lying within road rights of way.

PARCEL 2

The NE1/4 of the NE1/4 of Section 28, Township 39 South, Range 12 East of the Willamette Meridian, Klamath County, Oregon, EXCEPTING that portion conveyed to the United States of America by Deed recorded on page 540 of Volume 69 of Deed Records of Klamath County, Oregon.

PARCEL 3

The SE1/4 of the NE1/4 of Section 28, Township 39 South, Range 12 East of the Willamette Meridian, Klamath County, Oregon.

PARCEL 4

The W1/2 of the SW1/4, those portions of the NW1/4 of the NW1/4, SW1/4 of the SE1/4, the E1/2 of the SW1/4 and the S1/2 of the NW1/4 lying Westerly of the Langell Valley Irrigation District North Canal in Section 27, Township 39 South, Range 12 East of the Willamette Meridian, Klamath County, Oregon.

PARCEL 5

Those portions of the NW1/4 of the NW1/4, the S1/2 of the NW1/4, lying Easterly of the East bank of the Langell Valley Irrigation District North Canal and those portions of the NE1/4 of the SW1/4, and the NW1/4 of the SE1/4 lying Easterly of the Langell Valley Irrigation District Canal in Section 27 of Township 39 South, Range 12 East of the Willamette Meridian, Klamath County, Oregon.